PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/574,388			ling Date 25/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN	
			JMBER FIL	_		UMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		ı	N/A	1(0)	1	N/A		
┢	SEARCH FEE	or (c))	N/A		N/A		ı	N/A	 	1	N/A		
H	(37 CFR 1.16(k), (i), (ii)						H		1	4			
TO	(37 CFR 1.16(a), (p),		N/A 28 minus 20 =		N/A • 8		l	N/A		┨	N/A		
(37	CFR 1.16(i))							X \$25 =	200	OR	x \$ =		
(37	DEPENDENT CLAIM CFR 1.16(h))					• 4		X \$100 =	400	┙	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									┙			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								600		TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)												ER THAN ALL ENTITY	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.160))		Minus	*			1	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	•	Minus	***		-	1	x \$ =		OR	x s =		
Ĭ	Application Size Fee (37 CFR 1.16(s))												
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	*			ı	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***			l	x \$ =		OR	x s =		
品	Application Size Fee (37 CFR 1.16(s))												
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								1	OR			
										OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". * If the												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceasil an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annution to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.